STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922279	R **01/14/2019**
NAME OF PROVIDER OR SUPPLIER **EASTBROOKE GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **201 SUNSET DRIVE** **CASSELBERRY, FL 32707**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A revisit the Extended Congregate Care monitoring visit was conducted on 1/14/19. Eastbrooke Gardens Assisted Living Facility, License #5355 had no deficiencies at the time of the visit.